

**PHA 5-Year and  
Annual Plan**

**U.S. Department of Housing and Urban  
Development  
Office of Public and Indian Housing**

**OMB No. 2577-0226  
Expires 4/30/2011**

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>HOUSING AUTHORITY OF THE CITY OF MUSKOGEE</u> PHA Code: <u>OK099</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2012</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>400</u> Number of HCV units: <u>783</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH
	PHA 2:				HCV
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <u>No elements of the PHA Plan have been revised since the last submission.</u> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <u>Housing Authority of the City of Muskogee Administrative Offices, 220 North 40<sup>th</sup> Street, Muskogee, OK 74401</u>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <u>The housing needs of the jurisdiction covered by the Housing Authority of the City of Muskogee continue to be a mixture of low to very low income families including disabled and single parent households.</u>				

9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note:</b> Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. <b>The Housing Authority of the City of Muskogee continues to serve the low and very low income families with high performing Public Housing and Housing Choice Voucher programs.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Housing Authority of the City of Muskogee will consider the following to be significant modifications or substantial deviations of the Annual Plan from the 5 Year Plan:</p> <ul style="list-style-type: none"> <li>• Changes to admission or occupancy policies</li> <li>• Changes in regard to demolition, disposition, and conversion activities</li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> b a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> b a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> b a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>	
<b>Congressional District, if known:</b> 2		<b>Congressional District, if known:</b>
<b>6. Federal Department/Agency:</b> US Department of Housing & Urban Development	<b>7. Federal Program Name/Description:</b> CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i> NOT APPLICABLE	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature:  Print Name: JD FOSTER Title: EXECUTIVE DIRECTOR Telephone No.: 918-687-6301      Date: _____
<b>Federal Use Only:</b> _____		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

HOUSING AUTHORITY OF THE CITY OF MUSKOGEE

Program/Activity Receiving Federal Grant Funding

2012 CAPITAL FUND GRANT

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

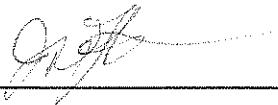
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official  JD FOSTER	Title  EXECUTIVE DIRECTOR
Signature  	Date (mm/dd/yyyy)  

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

HOUSING AUTHORITY OF THE CITY OF MUSKOGEE

Program/Activity Receiving Federal Grant Funding

## 2012 CAPITAL FUND GRANT

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

**2. Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

220 NORTH 40TH STREET, MUSKOGEE, MUSKOGEE COUNTY, OK 74401

300 NORTH 40TH STREET, MUSKOGEE, MUSKOGEE COUNTY, OK 74401

2103 NORTH 36TH STREET, MUSKOGEE, MUSKOGEE COUNTY, OK 74401

1518 SOUTH 5TH STREET, MUSKOGEE, MUSKOGEE COUNTY, OK 74401

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

JD FOSTER

Signature



Title

EXECUTIVE DIRECTOR

Date

11-03-2011

## Civil Rights Certification

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

### Civil Rights Certification

#### Annual Certification and Board Resolution

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

HOUSING AUTHORITY OF THE CITY OF MUSKOGEE

OK099

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

Name of Authorized Official	JD FOSTER	Title	EXECUTIVE DIRECTOR
Signature		Date	11-03-2011

**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing  
**Expires 4/30/2011**

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the  5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 01/01/2012, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

MUSKOGEE HOUSING AUTHORITY

OK099

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 202012 - 2016

Annual PHA Plan for Fiscal Years 20\_\_\_\_ - 20\_\_\_\_

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official <b>CAROLE MCBRIDE</b>	Title <b>CHAIR, BOARD OF COMMISSIONERS</b>
Signature 	Date 11/10/11

## Capital Fund Program—Five-Year Action Plan

### **Part I: Summary**

PHA Name/Number		Muskogee Housing Authority		Locality (City/County & State) Muskogee/ Muskogee/Oklahoma		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>	Work Statement for Year 5 FFY <u>2016</u>
B.	Physical Improvements Subtotal	Annual Statement	\$520,235.00	\$506,483.00	\$302,097.00	\$305,235.00	
C.	Management Improvements		\$5,000.00	\$5,000.00	\$15,000.00	5000.00	
D.	PHA-Wide Non-dwelling Structures and Equipment		\$20,000.00	\$13,752.00	\$229,638.00	\$40,000.00	
E.	Administration		\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	
F.	Other		\$10,000.00	\$10,000.00	\$10,000.00	\$5,000.00	
G.	Operations		\$5,000.00	\$25,000.00	\$3,500	\$5,000.00	
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds		\$610,235.00	\$610,235.00	\$610,235.00	\$610,235.00	
L.	Total Non-CFP Funds		\$610,235.00	\$610,235.00	\$610,235.00	\$610,235.00	
M.	Grand Total						

## **Capital Fund Program—Five-Year Action Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing**  
**Expires 4/30/20011**

## Part I: Summary (Continuation)

## Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

### **Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2012	Physical Needs Work Statement			Work Statement for Year 2013 FFY	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Work Statement for Year 2014 FFY	Estimated Cost
	2	3	4							
See	OK099000001- Green Country Village Replace HVAC systems	28 Units	88,589.00	OK099000001- Port City Acres 1450 Replace sidewalks	500 Sqft		3,500.00			
Statement	1450 Replace sidewalks	574 Sqft plus 13 ramps	\$12,730.50	1460 Replace Hot Water tanks	7 tanks		4095.00			
	1460 Roof Replacement	20 Units	52,000.00	1460 Roof Replacement	10 Units		26,000.00			
	1465 Replace Stoves & Refrigerators	7 each	6,286.	1460 Replace HVAC systems	10 Units		32,000.00			
	OK099000001- Port City Acres 1450 Replace sidewalks Install ADA curb ramps	574 Sqft plus 13 ramps	\$12,730.50	1460 Kitchen Rehab						
	1465 Replace Stoves & Refrigerators	7 each	6,286.		25 units		87,500.00			
	1460 Roof Replacement	20 Units	52,000.00	Green Country Village 1450 Replace sidewalks	500 Sqft		3,500.00			
	Replace HVAC systems	28 Units	88,589.00	1460 Roof Replacement	10 Units		26,000.00			
	OK099000002 Honor Heights 1465 Replace Stoves & Refrigerators	7 each	5,952.	1460 Replace HVAC systems	10 Units		32,000.00			
	1460 Abate Asbestos from Units	19 Units	144,000.00	1460 Replace Hot Water tanks	7 tanks		4095.00			
	1460 Rehab Abated Asbestos units	19 units	51,072.00	1460 Kitchen Rehab	25 units		87,500.00			
				OK099000002/Honor Heights 1460 Rehab HVAC	1Bldg. System		109,499.00			
				1460 Abate Asbestos from Units	10 Units		66,598.00			
				1460 Rehab Abated Asbestos units	10 units		24,196.00			
	Subtotal of Estimated Cost	\$520,235.00		Subtotal of Estimated Cost	\$506,483.00					

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

## Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

### **Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2011	Work Statement for Year 4			Work Statement for Year 5		
	Development Number/Name	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
General Description of Major Work Categories				General Description of Major Work Categories		
OK099000001 - Green Country sewer lines	2 units	8,000.00		OK099000001 - Green Country sewer lines	2 units	8,000.00
				Refrigerators & Ranges	7 each	6,286.00
				1460 Hot Water tanks	7 tanks	4095.00
				OK099000001-Port City sewer lines	2 units	8,000.00
1460 Kitchen Rehab	15 units	52,500.00		1460 sewer lines		
1465 Replace Refrigerators & Ranges	5 each	5,000.00		1465 Replace Refrigerators & Ranges	7 each	6,286.00
Port City sewer lines	2 units	8,000.00		1460 Hot Water tanks	7 tanks	4095.00
1460 Kitchen Rehab	15 units	52,500.00		OK099000002-Honor Heights Abate Asbestos	5 units	39,250.00
OK099000002-Honor Heights Abate Asbestos	5 units	39,250.00		1460 Rehab Abated Asbestos units	5 units	33,375.00
1460 Rehab Abated Asbestos units	5 units	33,375.00		Replace ADA Auto Open bldg entry door	1 door system	20,000.00
1460 Replace domestic Water line and shut-off	115 ln ft.	10,000.00		Kitchen Rehab cabinets, sinks, fixtures	10 units	40,000.00
1460 Replace water line and shut- off for fire pump	115 ln ft	12,500.00		Shower fixtures, surround, pans, toilets, sinks.	10 units	55,000.00
1460 Replace Original windows & patio doors with Energy Eff. units	20 units	70,972.00		1460 Replace Original windows & patio doors with Energy Eff. units	40 units	141,944.00
1460 Elevator Rehab	2 elevators	5,000.00		Refrigerators& Ranges	7 each	5,952.00
1465 Replace Refrigerators & Ranges	6 each	5,000.00		1450 Brick Patio wall replacement.	50 ft.	5,000.00
				1460 Replace Boilers	2 Boilers	127,952.00
				Subtotal of Estimated Cost		\$505,235.00

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

## **Capital Fund Program—Five-Year Action Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2001**

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2001**

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2012	
PHA Name: Muskogee Housing Authority		FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b> <b>Summary by Development Account</b>		<b>Total Estimated Cost<sup>1</sup></b> <b>Original</b> <b>Revised<sup>2</sup></b>	<b>Total Actual Cost<sup>1</sup></b> <b>Obligated</b> <b>Expended</b>
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	5,000.	
3	1408 Management Improvements	5,000.	
4	1410 Administration (may not exceed 10% of line 21)	50,000.	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	5,000.	
8	1440 Site Acquisition		
9	1450 Site Improvement	18,000.	
10	1460 Dwelling Structures	493,919.	
11	1465.1 Dwelling Equipment—Nonexpendable	18,572.	
12	1470 Non-dwelling Structures	14,744.	
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary				
PHA Name: Muskogee Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P09950112 Replacement Housing Factor Grant No: Date of CFFP:	<input type="checkbox"/> FFY of Grant:2012 <input type="checkbox"/> FFY of Grant Approval:		
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost <sup>1</sup>	Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 - 19)	610,235.		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director 		Date 5/25/11	Signature of Public Housing Director 	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CHP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part II: Supporting Pages**

PHA Name: Muskogee Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P09950112 CHFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2012			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated <sup>1</sup>	Status of Work
				Original	Revised <sup>1</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Operations	1406		5,000.			
PHA-Wide	Management Staff Training	1408	2 seminars	5,000.			
PHA-Wide	Capital Fund Salary/Benefits	1410	1	50,000.			
PHA-Wide	A&E Fees	1430	1 Architect	5,000.			
OK099000001 Port City	Expand parking to meet ADA Regs for residents	1450	3000 sqft	9,000.			
OK099000001 Port City& Green County	Replace Refrigerators	1465	14	6,986.			
OK099000001 Port City&Green Country	Replace Ranges	1465	14	5,586.			
OK099000001 Green County	Expand parking to meet ADA Regs for residents	1450	3000 sqft	9,000.			
OK099000002 Honor Heights Tower	Replace Refrigerators	1465	7	3,000.			
Honor Heights Tower	Replace Ranges	1465	10	3,000.			
Honor Heights Tower	Rehab Kitchens	1460	50 apts.	175,000			
Honor Heights Tower	Abate Asbestos from units	1460	10 apts.	71,556.			
Honor Heights Tower	Asbestos Rehab	1460	10 apts.	26,884.			
Honor Heights Tower	Replace 2 Boilers domestic water 100 gallon.	1460	2	44,275.			
Honor Heights Tower	Asbestos removal from pipes in basement	1470	650 LnFT.	7,800.			
Honor Heights Tower	Resurface Boiler Pit for drainage	1470	992 SqFt.	6,944.			
Honor Heights Tower	Replace Original Patio doors & Windows	1460	50 apts.	176,204.			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2 To be completed for the Performance and Evaluation Report

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

### **Part III: Implementation Schedule for Capital Fund Financing Program**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE		Grant Type and Number Capital Fund Program Grant No: OK56P09950111 Replacement Housing Factor Grant No: Date of CFPB:	
Type of Grant	<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
□ Performance and Evaluation Report for Period Ending: Line Summary by Development Account		Total	Estimated Cost <sup>1</sup>
1	Total non-CFP Funds	Original	Revised <sup>2</sup>
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	5,000.	
3	1408 Management Improvements	2,500.	
4	1410 Administration (may not exceed 10% of line 21)	50,000.	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	10,000.	
8	1440 Site Acquisition		
9	1450 Site Improvement	10,000.	
10	1460 Dwelling Structures	404,461.	
11	1465.1 Dwelling Equipment—Nonexpendable	12,000.	
12	1470 Non-dwelling Structures	2,000.	
13	1475 Non-dwelling Equipment	20,000.	
14	1485 Demolition		
15	1492 Mowing to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup>To be completed for the Performance and Evaluation Report.

<sup>2</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup>PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup>RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary			
PHA Name: <b>HOUSING AUTHORITY OF THE CITY OF MUSKOGEE</b>	Grant Type and Number Capital Fund Program Grant No: OK56P09950111 Replacement Housing Factor Grant No: Date of CFFP:	<input checked="" type="checkbox"/> FFY of Grant:2011 <input type="checkbox"/> FFY of Grant Approval: 2011	
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report by Development Account		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	515,961.	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>	<i>[Signature]</i>	Date <b>10-29-2011</b>	Signature of Public Housing Director

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Capital Program  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part II: Supporting Pages**

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE		Grant Type and Number Capital Fund Program Grant No.: OK56P09950111 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2011	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost
			Original	Revised <sup>1</sup>
HA WIDE	OPERATIONS	1406	1	5,000.
HA WIDE	Management Improvements	1408	1	2,500.
HA WIDE	CAPITAL FUND SALARY / FRINGE	1410	1	50,000
HA WIDE	A&E FEES	1430	1	10,000
OK09900001Port City Acres	Commercial Riding Lawn mower	1475	1	10,000.
Port City	Kitchen Rehab Cabinets, sink, countertops	1460	44	129,605.50
Port City	Replace Stoves	1465	5 each	2,000.
Port City	Replace Property Sign Masonry	1450	1	5,000.
OK09900001Green Country Village	Kitchen Rehab Cabinets, sink, countertops	1460	44	129,605.50
Green Country	Replace Stoves	1465	5 each	2,000.
Green Country	Replace Property Sign Masonry	1450	1	5,000.
Green Country	Commercial Riding Lawn mower	1475	1	10,000.
OK09900002 Honor Heights Tower	Relab abated units	1460	10 units	66,750.
Honor Heights Tower	Abate Asbestos from units	1460	10 units	78,500.
Honor Heights Tower	Replace Refrigerators	1465	4 each	2,000.
Honor Heights Tower	Warehouse overhead door	1470	1	2,000.
Honor Heights Tower	Replace Stoves	1465	6 each	2,000.
OK09900001Green Country Village	Replace Refrigerators	1465	4 each	2,000
OK09900001Port City Acres	Replace Refrigerators	1465	4 each	2,000

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Annual Statement of Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<sup>11</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

To be completed for the Performance and Evaluation Report

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

### **Part III: Implementation Schedule for Capital Fund Financing Program**

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010	
		FFY of Grant Approval:	
<b>PHA Name:</b> Muskogee Housing Authority <b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P09950110 Replacement Housing Factor Grant No: Date of CFPB:			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011			
<b>Summary by Development Account</b> <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line		Original	Revised <sup>2</sup>
1	Total non-CFP Funds		Obligated
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40,000	40,000
3	1408 Management Improvements		35,834.
4	1410 Administration (may not exceed 10% of line 21)	50,000	50,000
5	1411 Audit		41,986.
6	1415 Liquidated Damages		
7	1430 Fees and Costs	10,000	16,514.
8	1440 Site Acquisition		6,665.
9	1450 Site Improvement	7443.	0
10	1460 Dwelling Structures	491,349	228,169.
11	1465.1 Dwelling Equipment—Nonexpendable	10,000	10,000.
12	1470 Non-dwelling Structures		6490.
13	1475 Non-dwelling Equipment		0
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		<input checked="" type="checkbox"/> FFY of Grant:2010 <input type="checkbox"/> FFY of Grant Approval:			
PHA Name: Muskogee Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P09950110 Replacement Housing Factor Grant No: Date of CFFP:				
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
Original					Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	601,349.	601,349.	267,988.	251,376.
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 11-5-11	Signature of Public Housing Director		
Date					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

To be completed for the Performance and Evaluation Board or a Designated Annual Statement

<sup>13</sup> To be completed by the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2022-23 Competitors for the Performance and Evaluation Report

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 91 of the U.S. Housing Act of 1937, as amended.



**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

### **Part III: Implementation Schedule for Capital Fund Financing Program**

PHA Name:

Obligation and expenditure end can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary				FFY of Grant: 2009 FFY of Grant Approval:
PHA Name: Muskogee Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56S09950109 Replacement Housing Factor Grant No: Date of CFFP:			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011 <b>Line</b> <b>Summary by Development Account</b>		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report		
		Total Estimated Cost <sup>1</sup>	Original	Obligated
		Revised <sup>2</sup>		Expended
1	Total non-CFFP Funds			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	\$722,437	\$722,437	\$722,437
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures	\$50,000	\$50,000	\$50,000
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities <sup>4</sup>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>		<input checked="" type="checkbox"/> FFY of Grant:2009 <input type="checkbox"/> FFY of Grant Approval:		
<b>PHA Name:</b> Muskogee Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No. OKS6S09950109 Replacement Housing Factor Grant No: Date of CFP:			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$772,437.	\$772,437.	\$772,437
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures	\$356,812.	)	
<b>Signature of Executive Director</b> 		<b>Date</b> 11-8-11	<b>Signature of Public Housing Director</b>	
<b>Date</b>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

**Part II: Supporting Pages**

PHA Name: Muskogee Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56S09950109 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated <sup>1</sup>	Funds Expended <sup>2</sup>	Status of Work
001 - Port City Acres	Replace Unit windows	1460	500	\$136,235.00	\$136,235.00	\$136,235.00	\$136,235.00	Complete
001 - Port City Acres	Replace Unit Entry Doors front and rear & Metal front and rear Storm Doors	1460	400	\$180,000.	\$110,288.50	\$110,288.50	\$110,288.50	Complete
001 - Port City Acres	Upgrade Unit Breaker Boxes	1460	100	\$25,000.	0	0	0	
001 - Port City Acres	Construct 2000 Sqft. Metal Warehouse	1470	1	\$25,000.	\$25,000.	\$25,000.	\$25,000.	Complete
002- Honor Heights	Upgrade Complete Fire Alarm System	1460	1	\$230,000.	\$218,971.10	\$218,971.10	\$218,971.10	Complete
002-Honor Heights	Replace AH Condensation Drainlines	1460	200	\$75,000.	0	0	0	Moved
002-Honor Heights	Replace Boiler Water Tank	1460	1	\$10,000.	\$14,973.	\$14,973.	\$14,973.	Complete
001-Green Country	Construct 2000Sqft. Metal Warehouse	1470	1	\$25,000.	\$25,000.	\$25,000.	\$25,000.	Complete
001-Green Country	Upgrade Unit breakers	1460	100	\$25,000.	0	0	0	Moved
001-Green Country	Replace Unit Entry Doors front and rear& Metal front and rear StormDoors	1460	400	0	\$110,288.50	\$110,288.50	\$110,288.50	Complete
002- Honor Heights	Emergency Asbestos Abatement	1460	11 units	0	\$63,973.	\$63,973.	\$63,973.	Complete
002- Honor Heights	Texturing and Painting of Abated Units	1460	8 units	0	\$12,400.	\$12,400.	\$12,400.	Complete
002- Honor Heights	Replace VCT flooring of Abated Units	1460	8 units	0	\$6,729.	\$6,729.	\$6,729.	Complete

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

## Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<sup>1</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

## Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

## Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	Grant Type and Number Capital Fund Program Grant No: OK056P09950109 Replacement Housing Factor Grant No: Date of CFPB:	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:003 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011	Original	Total Estimated Cost <sup>1</sup>	Total Actual Cost <sup>1</sup>
Line Summary by Development Account	Revised <sup>2</sup>	Obligated	Expended
1 Total non-CFP Funds			
2 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			
3 1408 Management Improvements			
4 1410 Administration (may not exceed 10% of line 21)	50,000	50,088.38	50,088.38
5 1411 Audit			
6 1415 Liquidated Damages			
7 1430 Fees and Costs	5,872.	0	0
8 1440 Site Acquisition			
9 1450 Site Improvement	60,000	11,577.	11,577.
10 1460 Dwelling Structures	429,235	517,299.62	517,299.62
11 1465.1 Dwelling Equipment—Nonependable			
12 1470 Non-dwelling Structures	10,000	5840.	5840.
13 1475 Non-dwelling Equipment	51,000	21,302.	21,302.
14 1485 Demolition			
15 1492 Moving to Work Demonstration			
16 1495.1 Relocation Costs			
17 1499 Development Activities <sup>4</sup>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

PHA Name: Housing Authority of the City of Muskege	Grant Type and Number Capital Fund Program Grant No.: OK056P09950109 Replacement Housing Factor Grant No: Date of CFP:	<input type="checkbox"/> FFY of Grant:2009 <input checked="" type="checkbox"/> FFY of Grant Approval: 2009
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Type of Grant

		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 003 )		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total	Estimated Cost	Original	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	606,107		606,107		606,107	606,107
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities			7027.			
23	Amount of line 20 Related to Security - Soft Costs			0			
24	Amount of line 20 Related to Security - Hard Costs			0			
25	Amount of line 20 Related to Energy Conservation Measures	304,235		475,798.			
<b>Signature of Executive Director</b>		Date		<b>Signature of Public Housing Director</b>		Date	
<i>[Signature]</i>		<i>11-2-11</i>		<i>[Signature]</i>		<i>11-2-11</i>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Grant Type and Number		Federal FFY of Grant: 2009		Total Actual Cost	Status of Work
		Capital Fund Program Grant No: OK056P09950109	CFFP (Yes/ No): Replacement Housing Factor Grant No:	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	
Ok099000001	Bathroom Renovations tubs, surrounds, fixtures, water closets, vanities & sinks, exhaust fans.	1460	150 units	0	456,453.68	456,453.68	Complete
Ok099000002	Fire Alarm System upgrades	1460	40 units	0	13,535.89	13,535.89	Complete
Ok099000002	Asbestos Abatement Apts. Remove asbestos from ceiling and remove asbestos floor tile.	1460	4 apts.	0	24,484.	24,484.	Complete
Ok099000001	Fire extinguishers	1475	2 Storage Bldgs.	0	648.	648.	Complete
Ok099000001	Hotwater Tank replacement	1460	10 apts.	0	2938.37	2938.37	Complete
Ok099000001	Sewer Line Replacement	1450	1 unit	0	3785.	3785.	Complete
Ok099000001	2 Handicap Ramps and 183' side walk rehab	1450	2 & 183'	0	5040.	5040.	Complete
Ok099000002	Relab Asbestos Abated units texture ceiling and walls replace vct throughout each unit.	1460	4 apts.	0	19,887.68	19,887.68	Complete
Ok099000002	Emergency asbestos abate of pipes mechanical Rm. /basement of Highrise for boiler work due to leak in pipes.	1470	15 fittings	0	5840.	5840.	Complete

To be completed for the Performance and Evaluation Report or a Revised Annual Statement

2 To be completed for the Performance and Evaluation Report

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
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OMB No. 2577-0226  
Expires 4/30/2011

Part III: Implementation Schedule for Central Fund Financing

### **Part III: Implementation Schedule for Capital Fund Final**

<sup>1</sup> Obligation and expenditure end can only be revised with HUD approval pursuant to Section 91 of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary				FFY of Grant: 2008 FFY of Grant Approval: 2008
PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE	Grant Type and Number Capital Fund Program Grant No: OK56P09950108 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011	□ Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:2 ) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Original	Total Estimated Cost <sup>2</sup>	Obligated <sup>1</sup> Expended
1	Total non-CFFP Funds			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	10,000.	3,600.24	3,600.24
3	1408 Management Improvements	5,000.	1,536.38	1,536.38
4	1410 Administration (may not exceed 10% of line 21)	50,000.	60,841.03	60,841.03
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	10,000.	3822.46	3822.46
8	1440 Site Acquisition			
9	1450 Site Improvement	2,500.	46,236.00	46,236.00
10	1460 Dwelling Structures	426,235.	343,034.31	343,034.31
11	1465.1 Dwelling Equipment—Nonexpendable	0	9228.00	9228.
12	1470 Non-dwelling Structures	50,000.	52,533.00	52,533.00
13	1475 Non-dwelling Equipment	56,500.	89,403.58	89,403.58
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities <sup>4</sup>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		<input type="checkbox"/> FFY of Grant:2008 <input type="checkbox"/> FFY of Grant Approval: 2008		
PHA Name: <b>HOUSING AUTHORITY OF THE CITY OF MUSKOGEE</b>	Grant Type and Number Capital Fund Program Grant No: OK56P09950108 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: 2 )	<input type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost <sup>1</sup>
Line	Summary by Development Account	Original	Revised :	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 - 19)	610,235	610,235	610,235
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director 		Date 11-8-2011	Signature of Public Housing Director	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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**Part II: Supporting Pages**

PHA Name: HOUSING AUTHORITY OF THE CITY OF MUSKOGEE		Grant Type and Number Capital Fund Program Grant No: OK56P09950108 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
HA WIDE				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>
HA WIDE	Operations	1406	2 Employees	10,000.	3,600.24	3,600.24
HA WIDE	Staff training / travel	1408	Hud & Nahro Training	5,000.	1536.38	1536.38
HA WIDE	Capital Fund Salary / Fringe	1410	1	50,000.	60,841.03	60,841.03
ADMINISTRATION	Replace computer system hardware	1475	25COMPUTERS	25,000.	0	0
ADMINISTRATION	Landscaping	1450	1000 SQ FT	2,500.	0	0
ADMINISTRATION	Replace Telephone Systems/Hardware	1475	(18)Set	15,000.	0	0
ADMINISTRATION	Two way Radios Bases	1475	2sets	0	2,783.75	2,783.75
ADMINISTRATION	CFP Vehicle	1475	1truck	0	0	0
HA WIDE	A&E FEES	1430	1 Architect	10,000.	3822.46	3822.46
OK099000001	Replace unit Breaker Boxes	1460	100 units	25,000.	0	0
OK099000001	Replace Windows & Security Screens	1460	500 windows	136,235	115,490.	115,490.
OK099000001	Replace power tools & Key Equip.	1475	2 Family sites	4,000.	9229.	9229.
OK099000001	Replace lawn equipment	1475	1	0	17,700.97	17,700.97
OK099000001	Construct 2 warehouse/storage bldgs.	1470	(2) 2000 SQ FT	50,000.	51,895.	51,895.
OK099000001	Replace refrigerators	1465	10	0	4,609.	4,609.
OK099000002	Replace refrigerators	1465	2	0	838.	838.
OK099000002	Replace boiler water tank	1460	1	10,000.	596.	596.
OK099000002	Replace computer System hardware	1475	5	5,000.	0	0
OK099000002	Replace Telephone system hardware	1475	(5) SETS	1,500.	0	0
OK099000002	Upgrade Fire alarm system	1460	(1)Systems	230,000.	0	0

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

**Part II: Supporting Pages**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Grant Type and Number Capital Fund Program Grant No: OK056P09950108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2008			
			Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
OK099000002	Asbestos Abatement	1460	4cu yds	0	13,141.	13,141.
OK099000002	Emergency Highrise roof repair non warranty	1460	1 Roof system.	600.	600.	Complete
OK099000001	Replace unit breaker boxes	1460	100units	25,000.	0	0
OK099000001	Replace computer hardware	1475	6	6,000.	0	Moved
Administration	Replace copier	1475	1 copier	0	0	Complete 2007
Administration	Replace floor	1470	1 room	0	638.	638.
OK099000001	Replace Property fence	1450	121.5 ln ft.	0	27,000.	27,000.
OK099000002	Rehab and stripe resident parking lot	1450	36,000sqft.	0	16,446.	16,446.
OK099000002	Trash Compactor Replacement	1460	1 unit	0	18,458.76	18,458.76
OK099000001	Bathroom Rehab, replace tubs, vanities, tub surrounds, vent fans, toilets, showers, sink, and fixtures	1460	39 units	0	172,607.16	172,607.16
OK099000001	Replace hotwater tanks	1460	31 units	0	8981.09	8981.09
OK099000001	Rehab drainage	1460	1 unit	0	5950.00	5950.00
OK099000001	Installation of Playground System	1475	2 systems	0	46,445.02	46,445.02
OK099000001	Emergency Sewer replacement	1460	1 system	0	2,743.30	2,743.30
OK099000002	Asbestos Rehab	1460	3 units	0	4,467.	4,467.
OK099000001	Replace Ranges	1465	17	0	2089	2089
OK099000002	Replace Ranges	1465	6	0	1692	1692
OK099000001	Site Prep for Playground system	1450	2 locations	0	1,500.	1,500.
OK099000001	Install ADA Ramp and replace sidewalk	1450	1 site	0	1,290.	1,290.

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

# Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

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**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

### **Part III: Implementation Schedule for Capital Fund Financing Program**

PHANNE:

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.